

SHELBY COUNTY HEALTH DEPARTMENT



YVONNE S. MADLOCK DIRECTOR

REQUEST FOR COMMUNITY LEVEL DATA

KENNETH S. ROBINSON, M. D. SHELBY COUNTY HEALTH OFFICER

Date_					
Name	:				
Title:					
E-mai	l address:				
Dayti	me Phone #	_ Fax #			
Orgar	nization Name:				
Type:	☐ Academic research	□No	on-Academic policy research		
	☐ Government – Federal	□G	Government – State:		
	☐ Health care provider	□G	Government – County:		
	☐ Advocacy	□Н	lealth Plan		
	□ Other	_			
Data you are requesting:					
					
Years of data requested:					
i cai s	or uata requested.				
Forma	at preference:	S □ SAS	□Excel		

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Please tell us how	you plan to	o use the data:
All data are prope destroy data after	_	by County Health Department, please describe how you will use:
Submit request to	: Shelby Cou	inty Health Department
	Attention:	Anita DeTorres
	F-Mail·	Anita DeTorres@shelbycountyth gov

(901) 544-7703

Requests will be responded to on Fridays

Fax:

Mission

To promote, protect and improve the health and environment of all Shelby County residents.